



# DATA QUALITY MANAGEMENT CONTROL PROGRAM (DQMC) UPDATE Data Quality Training Course (6 September 2006)



Services

#### **Purpose**



- To provide an update on the status of the Data Quality Management Control (DQMC) Program in the MHS for FY2006
- And the current month's (Jun 06 Reporting
  Period/Apr 06 Data Month) Data

  ( Implementation 1 Dec 00 (FY01)

  submitted by the



Department of Veterans Affairs (VA) FY 2005
 Performance and Accountability Report, 15 November 2005

"VA's ability to accomplish its mission is dependent on the quality of its data. Each day, VA employees use data to make decisions that affect America's veterans. In delivering medical care, processing benefits, and providing burial services, data accuracy and reliability are paramount. Each program office has initiated specific actions to improve data quality to better support business planning and day-to-day decision-making. In addition, the Office of the Inspector General (OIG) has conducted audits to determine the accuracy of our data. We consider OIG reviews to be independent and objective...describes in detail the actions each VA administration has taken to improve its data quality."







• This Morning....

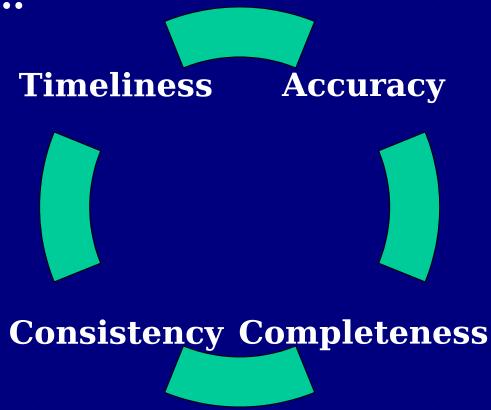
Data Quality
Why Data Quality Is Important
Causes of Poor Data Quality
Ongoi Forts to Improve Data Quality
Data
Management Control



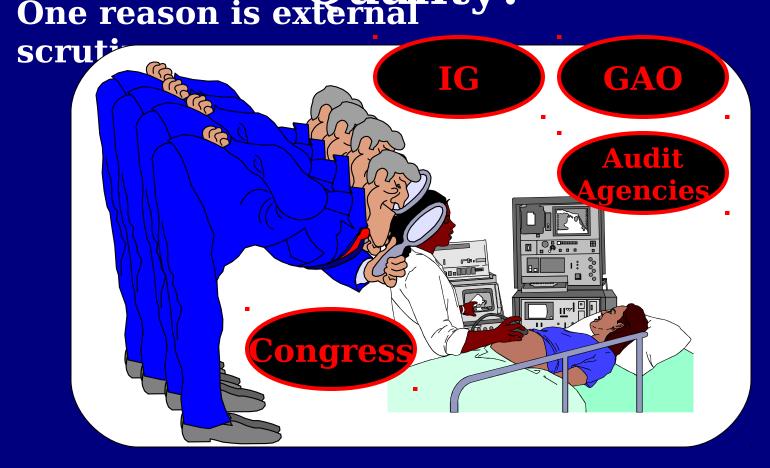




• Attributes...







## Problems with Information Technology Activity

- Typically, Data Quality is formulated as an IT problem..
  - Some of our problems with data quality can be attributed to problems with Information Technology (IT).
  - Examples:
    - Errors in transmission of data.
    - Errors in processing data.
    - Unsynchronized databases.
- But...
  - The most difficult problems we face with data quality are not directly attributable to IT, nor readily fixed by IT solutions.





#### Non-Technological Problems

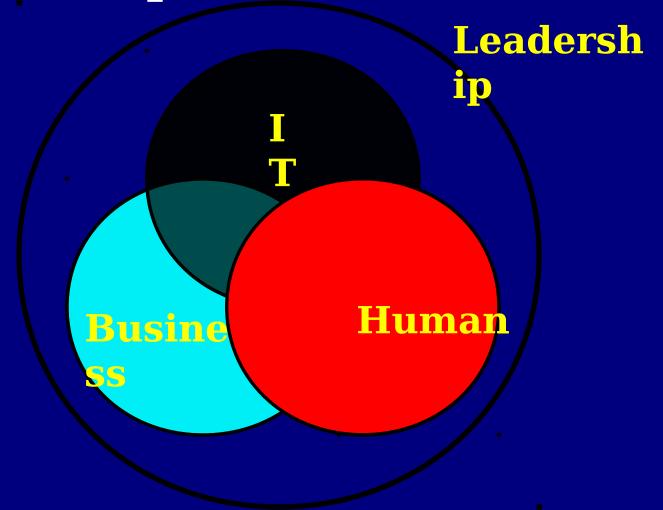
- Just a few examples of non-IT problems causing problems with data quality...
  - Lack of standardized business rules and policies.
  - Inconsistent choices of codes, weights, and algorithms.
  - Lack of adequate training and education.
  - Lack of adequate local data quality assurance.
  - Failure to set and enforce tough performance expectations about data quality.

## Why is this Important Activity

- Consequences of an incorrect diagnosis or an overly simplistic formulation of the problem...
  - Treat only part of the problem.
  - Don't treat serious problems that need fixing.
  - Responsibility, accountability, resources in the wrong places.



## omplex Paradigm for a Management Complex Problem Activity



## So, What Can We Do Management About Data Quality? About Data Quality?

- Emphasize Senior Level Leadership.
- Solve the business problems.
- Coordinate IT solutions that follow the business.
- Training and Education.
  - MHS employees must understand the business.
  - Employees using automation, must understand their responsibilities.
- Provide Timely Feedback.
- Provide Support.
- Internal and External Management Control.
- Fix IT Problems.

#### Management **Establish Leadership Emphasis**

- Extremely important in establishing good data quality...
  - Data quality must matter to commanders at all levels.
    - Establish and enforce performance expectations.
    - Must emphasize Data as Fundamental Business Bookkeeping.

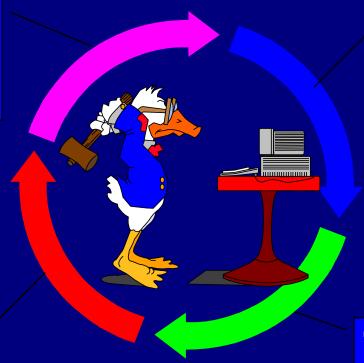
Activity



#### Locked in a Vicious Circle



No Investment in Quality



Poor Quality Data Sent

The Data are Not Valued

The Data are No Good

## Business/IM Relationship Activity

- We need to know our business before we can automate our business...
  - Program Management Office
    - Enrollment & Patient Appointing.
    - Managerial Cost Accounting.
    - Uniform Business Office and Third Party Collections.
  - Information Management
    - Defines Integrated Set of Requirements.
  - Standardization.
    - Business Rules and Practices.
    - Design and Use of Systems and Data.

### Fraining and Education Activity

- Our people have to understand both the business and the technology...
  - Data Quality Training Course.
    - Aimed at data quality managers and others.
  - Education: Quality data requires more than training data-entry personnel
    - MEPRS Application & Data Improvement (MADI)
    - Working Information Systems to Determine Optimal Management (WISDOM)
    - Physicians and Coding.



#### Solutions-Feedback Manager Act

- To effectively fix data problems, Commanders and users need reasonable feedback...
  - Metrics: Fast feedback to Commanders about the quality of their data.
  - Rapid availability of data for use.

### Information Technology Activity

- Complete redesign of Corpor Information Systems.
  - Synchronization of databases.
  - Consistent engineering of data paths from source to central re
  - Quality control built into data for
- Redesign of user interfaces.
- Elimination of Human Interfaces between Systems.





DODI 6040.40

Military Health System Data Quality Management Control

Procedures

Department of Defense **INSTRUCTION**  Management



#### MHS DQ Management Control Program



- DoDIG identified materia management Coutrol weakness for MHS Directed development of data quality assurance and management control program.
- DoD Inspector General report concerning the FY98 retirement liability estimate.
- GAO Medicare subvention demonstration report.
- ASD(HA) concurred with DoDIG material management control weakness findings.
- ASD(HA) designated TMA Resource Management Steering Committee to oversee the development of an MHS DQ Management Control Program.



## THIS DQ Management Control Program Background (Con't) Management Activity

- TMA Executive Director directed formation of a DQ integrated process team (IPT).
- Development of DQMC involved multiple working groups to include major system representatives.
- DoD comptroller, DoDIG, and GAO provided oversight in its development.
- Program has been staffed through the Services with substantial input from the field (Region 11



#### MHS DQ Management Control Program



- Da**Caompinguets**gefa**Ruogtaon**ality Assurance Team.
- DQMC Review List Internal tool to assists MTFs

monthly in identifying and correcting financial and

clinical workload data problems. This list is prepared by

the Data Quality Manager and Data Quality Assurance

Team.

• Commander's Monthly Data Quality
Statement Specific



#### MHS DQ Management Control Program



Components of Program

Rapid Feedback

Use of Data/Metrics by the MTFs

Data
Reconciliation
and Audits

Leadership Involvement

Critical Success Factors Data Quality Managers

File/Table Build

Data Base Management

Timely
Coding/End-Of-Day
Processing



#### MHS DQ Management **Control Program** What Does TMA Do?



Commander's Statements are received from Services on the 10th of the month for the preceding month.

The Service DQ Manager is responsible for consulting with the MTF DQ Manager to implement and monitor the DQMC program

- A summary "Barber Pole" along with supporting charts are constructed for briefs to both the Resource Management Steering Committee on a monthly basis and TMA Senior Leadership and Service **DSGs Quarterly.**
- These charts along with an updated "Hard Spots List" are distributed to the Service DQMC POCs for their monthly meeting at TMA-MC&FS.
- **Service and TMA-Wide** issues are discussed and documented at these meetings.
- Mr. David Fisher, Director of Management Controls & Financial Studies, Office of the CFO, TMA POC.

The MTF DO Manager and Members of the DQ Assurance Team or (other designated structures) will Complete the Monthly DQMC Review List and Commander's Monthly Data Quality Statement

The MTF DQ Manager Briefs the Results to the MTF Executive Committee

The Commander reviews. signs, and forward the Monthly Data Quality Statement to the Service DQ Manager

Service DO Manager Identifies Data Quality Deficiencies and Proposed Corrective Actions

> Service DQ Manager Briefs the Service Surgeons General

Service DQ Manager forwards the Data Quality Deficiencies and Findings with Proposed Corrective Action to the Resource Management Steering Committee (RMSC) through the Management Control Program Office in Tricare Management Activity Resource Management (TMA/RM)

TMA/RM is Responsible for Developing Metrics Relating to DQMC Program

Metrics from the DQMC Program will be reported in TRICARE Operational Performance Statements

Metrics from the DQMC Program will be presented in briefings to the Deputy Surgeons General

The ASD (HA) will provide an Annual Statement of Assurance to the Secretary of Defense regarding the status of the DQMC Program



## THIS DQ Management Control Program Service Results Management Activity

- The following General Comments, "Barber Pole", and Charts outline the summarized results of the Data Quality Commander's Statements submitted by each Service for Jun 06 (Data Month Apr FY2006).
- Metric Standards (colors) are as follows:
  - <u>Green</u> 95-100
  - Yellow 80-94

## MHS DQ Management Control Program: Management How are we doing this year? Activity See attached Excel Worksheets-Below

is an example

June 2006 (April (FY2006) Data Sources) DQMC Commander's Statement TMA Summary S	hoot																											
Julie 2000 (April (F12000) Data Sources) Dawie Commander's Statement Tima Summary S	ileet																											
NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter actual rate.																												
Color Code: Green (95-100), Yellow (80-94), Red (79 and below)																												
Color Code: Crook (Co roo), roken (Co con), roa (ro and bolok)	Perc	ent Comp	liant	Percent Compliant			nt		Percent Compliant			Percent Compliant		nt		Percent Compliant				Percent Compliant				Percent Compliant				
			Dec-05	Dec-05		Jan-06 J		Jan-06				Feb-06		Mar-06		Mar-06		Apr-06		Apr-06				May-06				Jun-06
	Army	Air Force	Navy	Svc Avg	Army A	ir Force I	Navy :	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg		Air Force										
Late release of EASIV																								Ť				
QUESTION KEY: annual update software																												
1. Adherence to requirements for daily end-of-day processing procedure by all clinics Impacted ques. 3a, b, and 4a																												
a. Percentage of clinics in compliance	98%	94%	97%	96%	98%	93%	95%	95%	98%	92%	93%	94%	98%	91%	92%	94%	98%	94%	92%	95%	98%	93%	92%	94%	98%	92%	92%	94%
b. Percentage of appointments closed	99%	98%	100%	99%	100%	96%	98%	98%	100%	98%	98%	99%	100%	98%	98%	99%	100%	98%	98%	99%	100%	98%	98%	99%	100%	95%	98%	98%
2. IAW legal and medical coding practices have all the following occurred:																												
a. % of Outpt. Encounters (non-APV) coded within 3 business days of encounter	90%	89%	85%	88%	88%	91%	85%	88%	89%	90%	89%	89%	91%	92%	87%	90%	90%	92%			90%	93%	87%	90%	91%	88%	88%	
b. % of APVs coded within 15 days of encounter	90%		87%	86%	87%	80%	86%	84%	88%	80%	88%	85%			87%	86%	87%							83%		75%	81%	82%
c. % of Inpt records coded within 30 days after discharge	89%	84%	80%	84%	90%	84%	87%	87%	89%	90%	88%	89%	91%	91%	89%	90%	92%	92%	93%	92%	92%	92%	95%	93%	90%	90%	87%	89%
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"																												
a. Monthly EAS/MEPRS financial reconciliation process was completed and validated	50%			24%	69%	39%	7%	38%	81%	59%	34%	58%			72%	72%	78%			83%				87%		81%	82%	82%
b. Monthly Inpt. and Outpt. EAS/MEPRS reconciliation processes completed/validated	78%	45%	52%	58%	86%	55%	38%	60%	89%	69%	69%	76%	92%	69%	93%	85%	86%	76%	100%	87%	89%	84%	96%	90%	89%	84%	96%	90%
c. Were the data load status, outlier/variance, WWR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly explanations given	90%	46%	66%	67%	89%	51%	76%	72%	94%	70%	72%	79%	97%	73%	83%	84%	97%	78%	90%	88%	97%	85%	89%	90%	94%	82%	86%	87%
4. Compliance with TMA or Service guidance for timely submission of data																												
a. MEPRS/EAS	31%	11%	0%	14%	61%	34%	24%	40%	78%	54%	69%	67%	83%	58%	86%	76%	75%	66%	86%	76%	83%	70%	100%	84%	78%	73%	96%	82%
b. SIDR/CHCS	96%	83%	100%	93%	93%	83%	96%	91%	96%	72%	96%	88%	93%	83%	96%	91%	89%	89%	100%	93%	93%	89%	100%	94%	93%	89%	100%	94%
c. WWR/CHCS	97%	91%	100%	96%	94%	95%	100%	96%	97%	93%	97%	96%	100%	91%	97%	96%	100%	99%	97%	99%	100%	96%	100%	99%	100%	93%	96%	96%
d. SADR/ADM	98%	89%	100%	96%	95%	98%	93%	95%	97%	96%	96%	96%	98%	97%	96%	97%	98%	96%	100%	98%	99%	97%	100%	99%	98%	93%	100%	97%
5. Outcome of monthly inpatient coding audit																												
a. Inpatient Records (DRG)	98%	79%	89%	89%	96%	80%	88%	88%	97%	85%	93%	92%	98%	81%	89%	89%	98%	81%	98%	92%	99%	81%	98%	93%	98%	85%	91%	91%
b. IBWA Rounds encounters audited and deemed correct	65%	8%	60%	44%	72%	25%	69%	55%	77%	32%	82%	64%	77%	31%	79%	62%	79%	37%	86%	67%	80%	40%	86%	69%	82%	43%	84%	70%
6. Outcome of monthly coding audits (# validated/# reviewed)																												
a. % of records available for audit (O.H.or C.O.)	96%	35%	93%	75%	96%	30%	95%	74%	95%	87%	93%	92%	94%	90%	96%	93%	98%	88%	96%	94%	98%	73%	98%	90%	96%	80%	97%	91%
b. % of E&M codes deemed correct	79%	32%	81%	64%	81%	26%	81%	63%	80%	85%	75%	80%	82%	86%	80%	83%	84%	85%	79%	83%	81%	85%	78%	81%	85%	83%	76%	81%
c. % of ICD9 codes deemed correct	78%		83%	64%	86%	26%	80%	64%	84%	85%	76%				80%	84%								84%		81%	80%	83%
d. % of CPT codes deemed correct	83%		79%	65%	87%	28%	82%	66%	92%		77%			90%	82%	88%								87%		85%	82%	86%
e. % of completed & current DD Form 2569s maintained in the record (Non-AD)	100%		59%	64%	69%	20%	63%	51%	74%	56%	62%	64%			63%	67%	73%		56%			59%		75%		62%	66%	68%
f. % of completed & current DD Form 2569s in medical records verified to be correct in Patient Insurance File	87%	36%	82%	68%	85%	17%	85%	62%	96%	59%	86%	80%	90%	64%	91%	82%	97%	71%	90%	86%	95%	69%	91%	85%	95%	71%	93%	86%
7. Outcome of monthly APV coding audits (# validated/# reviewed)																												
a. % of APV records available for audit (O.H.or C.O.)	100%	40%	99%	80%	100%	39%	100%	80%	100%	91%	96%	96%		92%	100%	97%	99%	92%	100%			76%		92%		81%	100%	94%
b. % of E&M codes deemed correct (APV)	99%		91%	75%	100%	33%	96%	76%	100%	95%	90%	95%			99%	98%						89%		95%		89%	95%	95%
c. % of ICD9 codes deemed correct (APV)	94%		90%	72%	95%	29%	89%	71%	96%	81%	80%			82%	86%	88%								89%		80%	85%	
d. % of CPT codes deemed correct (APV)	96%		88%	72%	95%	26%	86%	69%	96%	76%	77%	83%		83%	85%	88%	95%	82%						87%		77%	84%	85%
e. % of completed & current DD Form 2569s maintained in the APV record (Non-AD)	86%		75%	66%	87%	31%	74%	64%	84%	67%	73%	75%			76%	75%		63%	76%					75%		55%	77%	72%
f. % of completed & current DD Form 2569s in medical records verified to be correct in Patient Insurance File	83%	32%	76%	64%	94%	18%	79%	64%	93%	50%	85%	76%	95%	49%	84%	76%	98%	57%	87%	81%	95%	52%	87%	78%	91%	59%	87%	79%
8. Comparison of reported workload data																												
a. # SADR/# WWR visits	101%			99%	104%	99%	101%	101%	104%			103%			105%	103%								102%			102%	102%
b. # SIDR/# WWR dispositions	94%				95%	82%	95%	91%	91%			92%			100%	92%		87%		94%				93%			100%	91%
c. #EAS/# WWR visits	74%			71%	63%	82%	90%	78%	84%			90%			100%	88%	75%			87%				92%		85%	100%	88%
d. #EAS/# WWR dispositions	93% 47%		70%	72%	69%	67%	91%	76%	83%	79%	100%	87%			100%	83%	74%		100%	84%				89%		79%	99%	85%
e. #IBWA SADR encounters (A***)/ # SUM WWR bed days (Total Bed days + Dispositions)	11.74	*****		66%	53%	50%	82%	62%	50%		99%	69%			99%	72%								66%		65%	85%	69%
<ol><li>I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.</li></ol>	100%	100%	100%	100%	100%	96%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%	98%





#### MHS DQ Management Control Program DoDIG Results (Apr 01-Oct 01)

Report Signed 29 Aug 02



## MHS DQ Management Control Program DoDIG General Comments (01)



- Overall indifference toward the program.
- Lack of communication and timely feedback to identify shortfalls in performance.
- Inadequate preparation and training of the DQ

Team for completion of the Control Review List.

Lack of monitoring to ensure proper

## Control Program Dodlg MTF Specific Comments

- Responses to the Commander's
  Statements and
  Control Review Lists are unreliable.
  Need audit/validation of responses in the
  Commander's
  Statement/Review List.
- Lack of audit trail no supporting documentation.
- Lack of accountability.
- Lack of training.

## THE DQ Management Control Management Activity Program

- Prevents DHP and OSD from receiving a "Clean Audit Opinion."
- Puts future DHP funding in jeopardy.
- Puts Prospective Payment in jeopardy.
- Third Party Collections (TPC) placed in jeopardy.
- Jeopardizes remaining Managed Care Support contract BPAs/REAs.
- Iconordizes MTE Assmal Financing

## Management Plan (Jul 01) With the Management Plan (Jul 01) With the Management Plan (Jul 01)

- DoDIG (Service Directs) <u>Memo signed 17</u> Oct 01
- Clarify DQMC Review List Questions. -Service initiative began work on 13 Jul 01 -Completed
- Training
  - Web-Based Solution Enhance current DQ/DQMC
     Web-Site i.e. FAQs etc. - <u>Completed</u>
  - Current Quarterly Data Quality Training Class Completed
- Compliance Monitoring (Service IG, IC,

## MHS DQ Management Control Management Activity Program

Leverage Service Pata Analysis Gapability (Army

PASBA etc.) - Working/Discussed at DQMC Meeting

- "Low Hanging" Enhancements (e.g. CHCS Workload Accounting Enhancements, Automated Reporting) <u>Funded</u>
- Investigate Coding Improvement initiatives Working
- Continue EAS-IV Implementation Oversight Working
- "Spread the Word" Brief DOMC Program at





#### MHS DQ Management Control Program

#### External Audit Results



#### MHS DQ Management **Control Program**



#### Iowa Feindings Cyostes. 11,254 cases • Unavailability of records (47%).

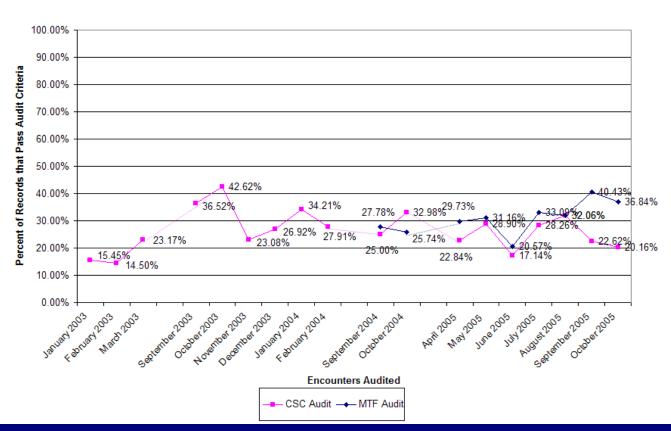
- Specific encounter not found in 9% of the records.
- Coded incorrectly, 27%; 70% over coded, 30% under coded.
- Coded correctly, 17%.

**Advancemed - Similar results** 

## MHS DQ Management Control Program: Management Activity

#### External MHS Targeted Coding

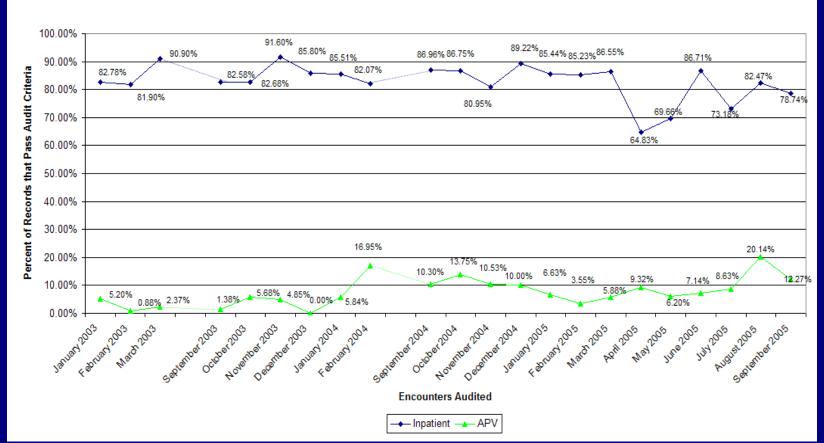




## MHS DQ Management Control Program: Management Activity

#### External MHS Coding Audit









- - Other Documents Captured **Electronically**
- Training (410 at DQ Course FY03 YTD)
  \*850+ briefed at 2003-2005 MEPRS
  - Confs.
  - Taught Navy PAD, UBO/UBU Confs.
- Annual Data Quality Commanders' Statement Update
  - Clarification of Coding Audit

Questions

- Inpatient Professional Services

- New Central Systems (AHLTA, CCE,

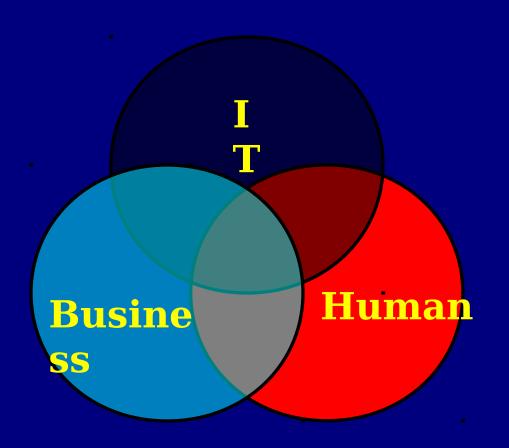


#### MHS DQ Management Control Program



- Availability of records provide the communications link between providers; continuity of care.
- Record/coding provides evidence of treatment, supports budget, reimbursement, billing.
- Record/coding supports training and education.
- Record/coding facilitates quality assurance processes.







#### MHS DQ Management Control Program



- Brief-Hedical Staff of command data.
  - Executive Steering Comn
  - Department and Division
- Develop Dashboards.
- Provide feedback to staff.



- Reporting
- Analysis





Activity

Managers Army -

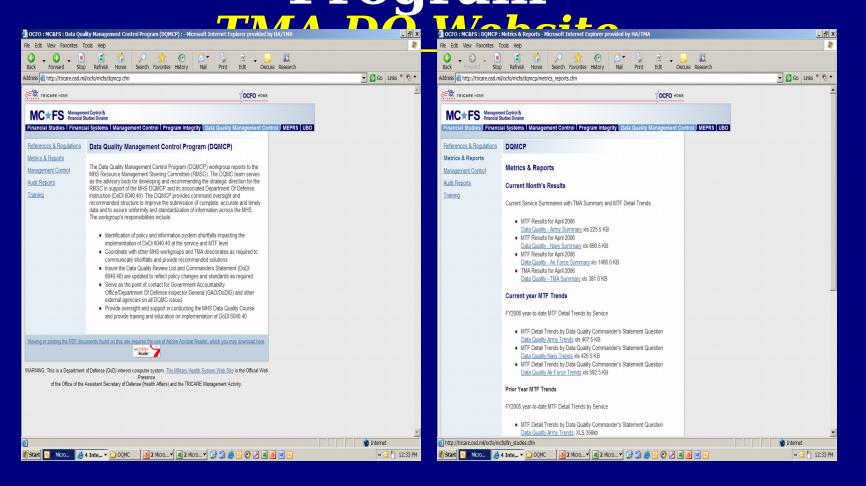
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Ms. Jane Cunningham Telephone: (202) 762-0551 DSN 762 jmcunningham@us.med.navy.mil

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http://tricare.osd.mil/ocfo/mcfs/dqmcp/metrics reports.cfm

## MHS DQ Management Control Management Activity Program







### Questions?

